Form **9465**
(Rev. February 2017)
Department of the Treasury
Internal Revenue Service

Installment Agreement Request

▶ Information about Form 9465 and its separate instructions is at *www.irs.gov/form9465.*
▶ If you are filing this form with your tax return, attach it to the front of the return.
▶ See separate instructions.

OMB No. 1545-0074

Tip: If you owe $50,000 or less, you may be able to establish an installment agreement online, even if you have not yet received a bill for your taxes. Go to IRS.gov to apply to pay online. **Caution:** *Don't file this form if you can pay your balance in full within 120 days. Instead, call 1-800-829-1040. Don't file if your business is still operating and owes employment or unemployment taxes. Instead, call the telephone number on your most recent notice. If you are in bankruptcy or we have accepted your offer-in-compromise, see* **Bankruptcy or offer-in-compromise,** *in the instructions.*

Part I

This request is for Form(s) (for example, Form 1040 or Form 941) ▶ FORM 1040 and for tax year(s) (for example, 2012 and 2013) ▶ 2016

1a Your first name and initial: Kevin
Last name: Kiley
Your social security number: [redacted]
If a joint return, spouse's first name and initial:
Last name:
Spouse's social security number:

Current address (number and street). If you have a P.O. box and no home delivery, enter your box number.: [redacted]
Apt. number: [redacted]

City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions): [redacted]

Foreign country name:
Foreign province/state/county:
Foreign postal code:

1b If this address is new since you filed your last tax return, check here . . . . . ▶ ☐

2 Name of your business (must be no longer operating):
Employer identification number (EIN):

3 [redacted] Your home phone number
8:00AM Best time for us to call

4 Your work phone number
Ext.
Best time for us to call

5 Name of your bank or other financial institution:
BANK OF AMERICA
Address
P.O. Box 15019
City, state, and ZIP code
Wilmington DE 19886-5019

6 Your employer's name:
STATE OF CALIFORNIA
Address
P.O. BOX 942850
City, state, and ZIP code
SACRAMENTO CA 94250-5878

7	Enter the total amount you owe as shown on your tax return(s) (or notice(s))	7	7,788.
8	Enter the amount of any payment you are making with your tax return(s) (or notice(s)). See instructions	8	1,000.
9	Subtract line 8 from line 7 and enter the result	9	6,788.
10	Enter the amount you can pay each month. Make your payments as large as possible to limit interest and penalty charges. **The charges will continue until you pay in full. If no payment amount is listed on line 10, a payment will be determined for you by dividing the balance due by 72 months** . .	10	750.
11	Divide the amount on line 9 by 72 and enter the result	11	94.

- If the amount on line 10 is less than the amount on line 11 and you are unable to increase your payment to the amount on line 11, complete and attach Form 433-F, Collection Information Statement.
- If the amount on line 10 is equal to or greater than the amount on line 11 but the amount you owe is greater than $25,000 but not more than $50,000, you must complete either line 13 or 14, if you do not wish to complete Form 433-F.
- If the amount on line 9 is greater than $50,000, complete and attach Form 433-F, Collection Information Statement.

12 Enter the date you want to make your payment each month. **Do not** enter a date later than the 28th ▶ 15

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

▶ **a** Routing number [redacted]

▶ **b** Account number [redacted]

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my Federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

14 If you want to make your payments by payroll deduction, check this box and attach a completed Form 2159, Payroll Deduction Agreement . . . . . ☐

Your signature	Date	Spouse's signature. If a joint return, **both** must sign.	Date

Part II **Additional information.** Complete this part only if you have defaulted on an installment agreement within the past 12 months and the amount you owe is greater than $25,000 but not more $50,000 and the amount on line 10 is equal to or greater than the amount on line 11. If you owe more than $50,000, complete and attach Form 433-F, Collection Information Statement.

15 In which county is your primary residence? _____

16a Marital status:
- ☐ Single. Skip question 16b and go to question 17.
- ☐ Married. Go to question 16b.

b Do you share household expenses with your spouse?
- ☐ Yes.
- ☐ No.

17 How many dependents will you be able to claim on this year's tax return? . . . . . **17** _____

18 How many people in your household are 65 or older? . . . . . **18** _____

19 How often are you paid?
- ☐ Once a week.
- ☐ Once every two weeks.
- ☐ Once a month.
- ☐ Twice a month.

20 What is your net income per pay period (take home pay)? . . . . . **20** $ _____

21 How often is your spouse paid?
- ☐ Once a week.
- ☐ Once every two weeks.
- ☐ Once a month.
- ☐ Twice a month.

22 What is your spouse's net income per pay period (take home pay)? . . . . . **22** $ _____

23 How many vehicles do you own? . . . . . **23** _____

24 How many car payments do you have each month? . . . . . **24** _____

25a Do you have health insurance?
- ☐ Yes. Go to question 25b.
- ☐ No. Skip question 25b and go to question 26a.

b Are your premiums deducted from your paycheck?
- ☐ Yes. Skip question 25c and go to question 26a.
- ☐ No. Go to question 25c.

c How much are your monthly premiums? . . . . . **25c** $ _____

26a Do you make court-ordered payments?
- ☐ Yes. Go to question 26b.
- ☐ No. Go to question 27.

b Are your court-ordered payments deducted from your paycheck?
- ☐ Yes. Go to question 27.
- ☐ No. Go to question 26c.

c How much are your court-ordered payments each month? . . . . . **26c** $ _____

27 Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? . . . . . **27** $ _____

Form **1040X** (Rev. January 2017)

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

▶ Information about Form 1040X and its separate instructions is at *www.irs.gov/form1040x*.

OMB No. 1545-0074

This return is for calendar year ☒ 2016 ☐ 2015 ☐ 2014 ☐ 2013

Other year. Enter one: calendar year **or** fiscal year (month and year ended):

Your first name and initial	Last name	Your social security number
Kevin	Kiley	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Your phone number
[redacted]	[redacted]	[redacted]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

[redacted]

Foreign country name	Foreign province/state/county	Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from joint to separate returns after the due date.

☒ Single
☐ Married filing jointly
☐ Married filing separately
☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)
☐ Qualifying widow(er)

Full-year coverage. If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." (See instructions.)

☐ Yes ☒ No

Use Part III on the back to explain any changes

			A. Original amount or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
Income and Deductions					
1	Adjusted gross income. If net operating loss (NOL) carryback is included, check here ▶☐	1	41,754.	980.	42,734.
2	Itemized deductions or standard deduction	2	6,300.	0.	6,300.
3	Subtract line 2 from line 1	3	35,454.	980.	36,434.
4	Exemptions. **If changing, complete Part I on page 2 and enter the amount from line 29**	4	4,050.	0.	4,050.
5	Taxable income. Subtract line 4 from line 3	5	31,404.	980.	32,384.
Tax Liability					
6	Tax. Enter method(s) used to figure tax (see instructions): Table	6	4,250.	143.	4,393.
7	Credits. If general business credit carryback is included, check here ▶☐	7	0.	0.	0.
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	4,250.	143.	4,393.
9	Health care: individual responsibility (see instructions)	9	654.	21.	675.
10	Other taxes	10	5,583.	-1,959.	3,624.
11	Total tax. Add lines 8, 9, and 10	11	10,487.	-1,795.	8,692.
Payments					
12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (**If changing**, see instructions.)	12	1,059.	0.	1,059.
13	Estimated tax payments, including amount applied from prior year's return	13	0.	0.	0.
14	Earned income credit (EIC)	14	0.	0.	0.
15	Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15	0.	0.	0.
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			9,428.
17	Total payments. Add lines 12 through 15, column C, and line 16	17			10,487.
Refund or Amount You Owe					
18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18			0.
19	Subtract line 18 from line 17 (If less than zero, see instructions.)	19			10,487.
20	**Amount you owe.** If line 11, column C, is more than line 19, enter the difference	20			
21	If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return	21			1,795.
22	Amount of line 21 you want **refunded to you**	22			1,795.
23	Amount of line 21 you want **applied to your (enter year):** **estimated tax**	23			

Complete and sign this form on Page 2.

Part I Exemptions

Complete this part **only** if you are increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending.

See *Form 1040 or Form 1040A instructions* and *Form 1040X instructions.*

			A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. **Caution:** If someone can claim you as a dependent, you can't claim an exemption for yourself	24	1	0	1
25	Your dependent children who lived with you	25	0	0	0
26	Your dependent children who didn't live with you due to divorce or separation	26	0	0	0
27	Other dependents	27	0	0	0
28	Total number of exemptions. Add lines 24 through 27	28	1	0	1
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form	29	4,050.	0.	4,050.

30 List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				☐
				☐
				☐
				☐

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

☐ Check here if you didn't previously want $3 to go to the fund, but now do.

☐ Check here if this is a joint return and your spouse did not previously want $3 to go to the fund, but now does.

Part III Explanation of changes.

In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

I realized I was improperly charged self-employment tax for loan repayment assistance

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

▶ Your signature | Date | ▶ Spouse's signature. If a joint return, **both** must sign. | Date

Paid Preparer Use Only

▶ Preparer's signature | Date | Self-Prepared Firm's name (or yours if self-employed)

Print/type preparer's name | Firm's address and ZIP code

PTIN | ☐ Check if self-employed | Phone number | EIN

Form **1040** Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return 2016

OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 | See separate instructions.

Your first name and initial	Last name	Your social security number
Kevin	Kiley	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. [redacted] Apt. no. [redacted]

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [redacted]

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☒ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☐ **Spouse**

Boxes checked on 6a and 6b: 1

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see instructions)
Dependents on 6c not entered above

d Total number of exemptions claimed — Add numbers on lines above ▶ 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	7,534.
8a	**Taxable** interest. Attach Schedule B if required	8a	
b	**Tax-exempt** interest. **Do not** include on line 8a — 8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends — 9b		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	0.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	25,650.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions — 15a — b Taxable amount	15b	
16a	Pensions and annuities — 16a — b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits — 20a — b Taxable amount	20b	
21	Other income. List type and amount Other Income from box 3 of 1099-Misc	21	13,862.
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	47,046.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	1,812.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	2,500.
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	4,312.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	42,734.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA REV 05/22/16 Intuit.cg.cfp.sp

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	42,734.
39a	Check if: ☐ You were born before January 2, 1952, ☐ Blind. ☐ Spouse was born before January 2, 1952, ☐ Blind. Total boxes checked ▶ 39a ☐		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐		
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	6,300.
41	Subtract line 40 from line 38	41	36,434.
42	**Exemptions.** If line 38 is $155,650 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	32,384.
44	**Tax** (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	4,393.
45	**Alternative minimum tax** (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46 ▶	47	4,393.
48	Foreign tax credit. Attach Form 1116 if required		
49	Credit for child and dependent care expenses. Attach Form 2441		
50	Education credits from Form 8863, line 19		
51	Retirement savings contributions credit. Attach Form 8880		
52	Child tax credit. Attach Schedule 8812, if required		
53	Residential energy credits. Attach Form 5695		
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐		
55	Add lines 48 through 54. These are your **total credits**	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	4,393.

Standard Deduction for—
- People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions.
- All others:
  - Single or Married filing separately, $6,300
  - Married filing jointly or Qualifying widow(er), $12,600
  - Head of household, $9,300

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	3,624.
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage ☐	61	675.
62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your **total tax** ▶	63	8,692.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	1,059.
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	**Earned income credit (EIC)** NO	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶	74	1,059.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	
76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	76a	
b	Routing number [redacted] ▶ c Type: ☐ Checking ☐ Savings		
d	Account number [redacted]		
77	Amount of line 75 you want **applied to your 2017 estimated tax** ▶ 77		

Direct deposit? See instructions.

Amount You Owe

78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	7,788.
79	Estimated tax penalty (see instructions) 79 155.		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		Assembly Member	[redacted]
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶ Self-Prepared			Firm's EIN ▶	
Firm's address ▶			Phone no.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at *www.irs.gov/schedulec.*
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2016
Attachment Sequence No. 09

Name of proprietor: Kevin Kiley

Social security number (SSN): [redacted]

A Principal business or profession, including product or service (see instructions): Contract Attorney

B Enter code from instructions ▶ 5 4 1 1 0 0

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶ [redacted]
City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses . ☒ Yes ☐ No

H If you started or acquired this business during 2016, check here ▶ ☐

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) . ☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐	1	25,650.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	25,650.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	25,650.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	25,650.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	25,650.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	25,650.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses.

List below business expenses not included on lines 8–26 or line 30.

48 **Total other expenses.** Enter here and on line 27a . . . 48

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at *www.irs.gov/schedulese.*

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016

Attachment Sequence No. **17**

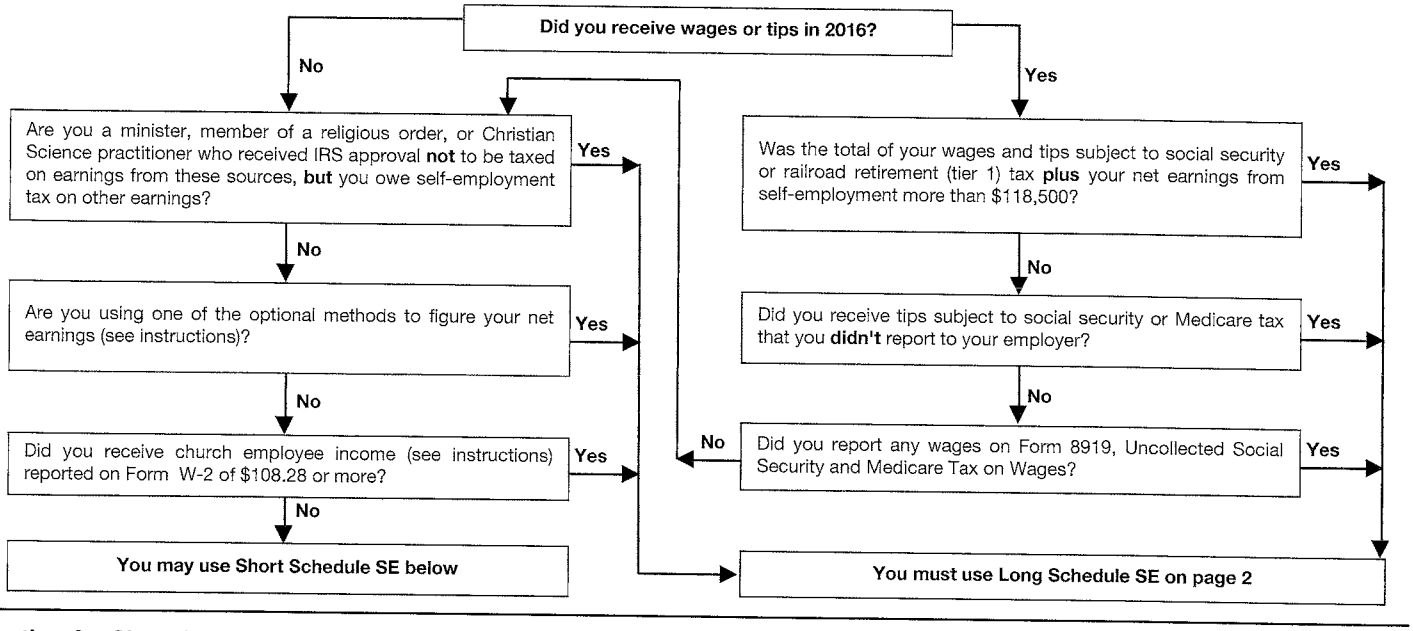
Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR): Kevin Kiley

Social security number of person with **self-employment** income ▶ [redacted]

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only if** you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	**1a**	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	**1b**	( )
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	**2**	25,650.
3	Combine lines 1a, 1b, and 2	**3**	25,650.
4	Multiply line 3 by 92.35% (0.9235). If less than $400, you don't owe self-employment tax; **don't** file this schedule unless you have an amount on line 1b ▶	**4**	23,688.
	Note. If line 4 is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	**Self-employment tax.** If the amount on line 4 is: • $118,500 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on **Form 1040, line 57,** or **Form 1040NR, line 55** • More than $118,500, multiply line 4 by 2.9% (0.029). Then, add $14,694 to the result. Enter the total here and on **Form 1040, line 57,** or **Form 1040NR, line 55**	**5**	3,624.
6	**Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (0.50). Enter the result here and on **Form 1040, line 27,** or **Form 1040NR, line 27** — **6** 1,812.		

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA REV 05/22/18 Intuit.cg.cfp.sp **Schedule SE (Form 1040) 2016**

Form 8960
Lines 4b, 5b, 7, 9, 10

Form 8960 Worksheet

2016

Name(s) Shown on Return	Your SSN
Kevin Kiley	[redacted]

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2015 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
☐	
☐	
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 20.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction.	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State income tax allocable to net investment income

1	State, local, and foreign income taxes	1	
2	Investment income	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount	4	
5	State, local and foreign income taxes allocable to investment income	5	

Line 10 - Tax preparations fees allocable to net investment income

1	Tax preparations fees	1	
2	Investment income	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount	4	
5	Tax preparations fees allocable to investment income	5	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations:		
2	Enter the total of all items listed on line 1	2	
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27)	3	
4	Enter the lesser of the total reported on line 2 or line 3	4	

Part II - Application of Section 67 Limitation to Specific Deductions

(A) Reenter the amounts and descriptions from Part I, line 1		(B) Fraction (see Help)	(C) Column A times B
		x	=
		x	=
		x	=
		x	=

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II:	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation:	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5	7	
8	Enter the lesser of line 7 or line 4	8	

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1	x =	
	x =	
	x =	
	x =	
Total miscellaneous investment expenses to Form 8960, line 9c		
2 State, local, and foreign income taxes	x =	
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3	x =	
	x =	
	x =	
	x =	
Penalty on early withdrawal of savings		
Other modifications:		
Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII

1) Former Passive Activity Suspended Losses

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

Form 1040
Line 21

Other Income Statement

2016
Statement L21

Name(s) Shown on Return: Kevin Kiley

Social Security Number: [redacted]

		(a) Taxpayer	(b) Spouse
1	Child's investment income, from Form 8814		
2	Gambling winnings:		
a	From Form W-2G		
b	Winnings (prizes, etc.) from Form 1099-MISC, box 3		
c	Not reported on Form W-2G or Form 1099-MISC		
3	Taxable income from Form 1099-MISC:		
a	Substitute payments in lieu of interest or dividends		
b	Other income from box 3	13,862.	
c	Alaska Permanent Fund		
d	Tribal Gaming		
e	Non-Employee Compensation from Form 1099-MISC box 7		
f	Rent from personal property from Form 1099-MISC box 1		
4	Taxable income from Form 1099-Q or 1099-QA:		
a	Qualified tuition program distributions		
b	Coverdell ESA distributions		
c	ABLE account distributions		
5	Taxable income from Form 1099-G:		
a	Grants		
b	RTAA payments		
6	Foreign earned income and housing exclusion, from Form 2555		
7	Net operating loss carryover from a prior year		
8	Other income, from Schedule(s) K-1		
9	Taxable distribution from:		
a	Form 8853:		
	1 Taxable Archer MSA distributions — MSA		
	2 Taxable Medicare Advantage distributions — Med MSA		
	3 Taxable long term care distributions — LTC		
	4 Total Form 8853		
b	Form 8889, Health Savings Accounts		
10	Refunds or reimbursements of deductions claimed in a prior year:		
a	Reimbursement for deducted medical expenses		
b	Refunds of deducted taxes (not state or local income taxes)		
	Type of Tax / State or Local ID		
c	Recapture of deducted moving expenses		
d	Reimbursement for deducted casualty or theft loss		
e	Reimbursement for deducted employee business expenses		
f	Other refunds or reimbursements		
11	Recoveries of bad debts deducted in a prior year		
12	Jury duty pay		
13	Bartering income not reported elsewhere		
14	Income from the rental of personal property		
15	Income from the Cancellation of Debt:		
a	From Form 1099-C:		
	1 Amount of debt canceled from box 2		
	2 Amount of canceled debt excluded from income		
	3 Taxable amount of canceled debt		
b	From Schedule(s) K-1		
16	Taxable income from Form 1099-K:		
a	Payment Card/Third Party Network Transactions		
17	Income from "not for profit" activities (hobbies):		
18	Other taxable income:		
19	Income from Community Property:		
a	Positive community property adjustment		
b	Negative community property adjustment (enter as positive)		
20	**Total.** Add lines 1 through 14, 15a(3), 15b, 16 through 19. Enter here and on Form 1040 or Form 1040NR, line 21	13,862.	

Estimated Taxes and Form W-4 Worksheet

Name: Kevin Kiley
SSN: [redacted]

Choose the Method You Will Use to Pay Your 2017 Federal Income Taxes

[ ] By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)

[X] By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2017 withholding will be . . . . . .

Overpayment from my 2016 return . . . . . 0.

Amount of my 2016 overpayment to apply to 2017 instead of refunding it . . . . . .

Enter Your Filing Status and Other Information for Your 2017 Tax Return

Choose your filing status . . . . . 1 - Single

Taxpayer age as of the end of 2017 32

Spouse age as of the end of 2017 . . . . . .

Do you qualify for an additional standard deduction?

Taxpayer:

Spouse:

Total 0

[ ] Check if you must itemize in 2017. (See Tax Help.)

Enter the Number of Dependent Exemptions You Will Claim on Your 2017 Tax Return

[ ] Check if you will be the dependent of another person (but not if married filing jointly).

Enter the number of **dependents** you will claim, do not include yourself or your spouse . . . 0

Total exemptions 1

Enter Your 2017 Income and Deductions in 2nd column	2016 Actual	2017 Expected
Compensation:		
Annual wages and salary for taxpayer	7,534.	
Medicare wages for taxpayer (W-2 box 5)	8,185.	
Annual wages and salary for spouse		0.
Medicare wages for spouse (W-2 box 5)		0.
Annual net income from self-employment for taxpayer	25,650.	
Annual net income from self-employment for spouse		0.
Other Tax Information:		
Note: Include this income in the Other Income section below.		
Net Investment Income for 3.8% tax	0.	
Qualified dividends		
Maximum Capital Gains Rate Tax Information:		
Net short-term capital gains or losses		
Net long-term capital gains or losses		
Net 28%-rate capital gains included in long-term		
Unrecap'd Sec 1250 gains incl in long-term *(see Tax Help)*		
Investment income election *(see Tax Help)*		
Other Income:		
Total of your other taxable income and losses *(see Tax Help)*	13,862.	
Foreign income or housing exclusions		
Adjustments:		
Deductible IRA contributions, alimony, etc	2,500.	
Itemized Deductions:		
Total medical expenses		
Real estate tax		
Other deductible taxes	299.	
Deductible mortgage interest		
Charitable contributions		
Deductible investment interest expense, casualty or theft losses *(see Tax Help)*		
Miscellaneous itemized deductions subject to 2% of AGI		
Deductible gambling losses		
Other misc itemized deductions **not** subject to 2% of AGI		

Income Tax Calculation for Your 2017 Tax Return	2016 Actual	2017 Expected
Taxable income	32,384.	0.
Income tax	4,393.	
Alternative minimum tax (**Enter** Alt Min tax expected in 2017)		
Premium tax credit repayment (**Enter** amt expected for 2017)		
Total credits (**Enter** credits expected in 2017)		
Tax on self-employment income and add'l 0.9% Medicare tax	3,624.	0.
Net investment income tax (3.8%)		0.
Other taxes (**Enter** other taxes expected in 2017)	675.	
Total federal income tax	8,692.	0.

Enter the Tax Payments You've Already Made for Your 2017 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer	
Spouse	
Federal estimated tax payments you've already made	
Payment number 1 (April 18, **2017**)	
Payment number 2 (June 15, **2017**)	
Payment number 3 (September 15, **2017**)	
2016 federal overpayment credited to **2017** *(from page 1 above)*	
Total taxes paid to date	
Balance of payments needed or (expected refund)	0.

Summary of Taxes to be Paid for 2017	
Federal income taxes to be withheld from your paychecks	
Your 2016 federal overpayment you applied to 2017	
Your 2017 federal estimated taxes, based on 100% of your 2016 actual tax	6,960.
Estimate of total payments you will need to make for 2017	6,960.

Estimated Tax Payment Options

Name: Kevin Kiley
SSN: [redacted]

Prepare My 2017 Estimated Taxes Based on	Tax Amount
[ ] 90% of tax on your 2017 estimated taxable income	0.
[ ] 100% of tax on your 2017 estimated taxable income	0.
[ ] 66-2/3% of tax on your 2017 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
[X] 100% (110%) of your 2016 taxes (prior-year exception) **Note:** If your 2016 taxes were less than $1000, see Tax Help	8,017.

Amount of Estimated Taxes to Pay in 2017	
Taxes based on method above	8,017.
Expected withholding for 2017 (2016 actual withholding)	1,059.
Taxes due after withholding	6,958.
Estimates you've already paid	
Last year's overpayment you applied to this year	
Balance of estimated taxes due	6,958.

Round My Payments Up

- [ ] To the next $10
- [ ] To the next $100

Prepare Estimated Tax Payment Vouchers

- [X] The amount of estimated taxes due is $1,000 or more (see Tax Help)
- [ ] Even if the amount of estimated taxes due is less than $1,000
- [ ] No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2017	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
[ ] Payment number 1, due April 18, 2017	1,740.
[ ] Payment number 2, due June 15, 2017	1,740.
[ ] Payment number 3, due September 15, 2017	1,740.
[ ] Payment number 4, due January 16, 2018	1,740.

Total estimated tax payments for 2017	6,960.

Print Estimated Tax Vouchers

- [X] Yes, print those prepared by program
- [ ] No, I will use those supplied by the I.R.S. and write in the amounts

Additional Information for Form W-4

Name: Kevin Kiley
SSN: [redacted]

☐ This box will be checked if your entries on the **Estimated Taxes and Form W-4 Worksheet** indicate that this worksheet and Form W-4 are necessary for your next year's plan.

Enter Salary and Pay Periods for 2017	**Taxpayer**	**Spouse**
Your annual salary for this year		
Salary you have already received in 2017		
Your remaining salary for this year	0.	
Number of paychecks you have remaining this year		
How often you are paid		
Your gross salary per pay period		

Form W-4 Personal Allowances and Withholding	**Taxpayer**	**Spouse**
Withholding status		
Personal allowances (see Tax Help if more than 10)		
Additional withholding per pay period		
Estimated future withholding per pay period		
Estimated future withholding through remainder of year		
Top tax rate being withheld	%	%

Change in Federal Income Tax Withholding per Pay Period See tax help for more information.	**Taxpayer**	**Spouse**
Current withholding per pay period		
Estimated future withholding per pay period		
Increase/(decrease) in net pay per pay period		

Summary of Federal Income Taxes to be Withheld in 2017: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding	
Spouse's withholding	
Total withholding	

Smart Worksheets from your 2016 Federal Tax Return

SMART WORKSHEET FOR: Form 9465: Installment Agreement Request

Filing Address Smart Worksheet

Mail Form 9465 separately **only** if you are not filing a current year return.

Send Form 9465 to:
Department of the Treasury
Internal Revenue Service
P.O. Box 9941
Stop 5500
Ogden, UT 84409

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Manual Selection of Lines Calculated Smart Worksheet

After checking 2016 above and then making changes in your return TurboTax will determine the lines on the 1040X that should be calculated. If needed for your situation you can check the boxes below to manually determine which lines on the 1040X will calculate.

A	[ ]	Lines 1-23 - Filing status/income/adjustments/itemized deduction/standard deduction
B	[X]	Lines 1-30 - Exemptions
C	[ ]	Lines 5-23 - Tax before credits
D	[ ]	Lines 6-23 - Nonrefundable credits/other taxes
E	[ ]	Lines 10-23 - Payments and refundable credits

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2016 Return Information Smart Worksheet

Original return filing status

[X] Single [ ] Married filing joint return [ ] Married filing separate return
[ ] Qualifying widow(er) [ ] Head of household

Full-year coverage

All household members have full-year minimal essential health care coverage . . . . . [ ] Yes

1040 X line number

6 Tax. Enter method used to figure tax: Table

16 Amount for U.S. tax paid to the Virgin Islands (Form 8689) included on Line 16 . . . . . _____

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2016 Return Payments Smart Worksheet

A	Total amount paid with request for extension of time to file	0.
B	Tax Paid with original return (not including penalties)	9,428.
C	Additional tax paid after return was filed	

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2016 Return Overpayment Smart Worksheet

A	Overpayment, if any, as shown on original return or as previously adjusted by the IRS (not including penalties)	0.

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2016 Return Exemptions Smart Worksheet

A	Number of exemptions claimed on line 6d of original return	1

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Filing Address Smart Worksheet

Send Form 1040X to: Department of the Treasury
Internal Revenue Service
Fresno, CA 93888-0422

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet

A	Tax	4,393.
	Check if from:	
1	Tax table	X
2	Tax Computation Worksheet (see instructions)	
3	Schedule D Tax Worksheet	
4	Qualified Dividends and Capital Gain Tax Worksheet	
5	Schedule J	
6	Form 8615	
7	Foreign Earned Income Tax Worksheet	
B	Additional tax from Form 8814	
C	Additional tax from Form 4972	
D	Tax from additional Form(s) 4972	
E	Recapture tax from Form 8863	
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax	
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative	
H	**Tax**. Add lines A through G. Enter the result here and on line **44**	4,393.

SMART WORKSHEET FOR: Schedule C (Contract Attorney): Profit or Loss from Business

Business Address Information Smart Worksheet

Business street address . [redacted], [redacted]
City, State and Zip Code (do not enter State and Zip Code if foreign address)
[redacted]
Or, foreign country information:

SMART WORKSHEET FOR: Schedule C (Contract Attorney): Profit or Loss from Business

Domestic Production Activities Smart Worksheet

- Amounts have been gathered from the Schedule C as a starting point for the Domestic Production Activities deduction calculation. Make adjustments as necessary, taking care not to duplicate amounts on lines B, C and D. Be sure the amount on line E is also included on line(s) B, C and D, as appropriate.
- If you qualify for the deduction, complete the Domestic Production column and the Oil-Related Production column (if applicable). For the small business simplified overall method, enter gross receipts. For the simplified deduction method, enter gross receipts and cost of goods sold. For the Section 861 method, enter all amounts.

		Total	Domestic Production	Oil-Related Production
A	Gross receipts	25,650.		
B	Cost of goods sold			
C	Directly allocable deductions, expenses, or losses			
D	Indirectly allocable deductions, expenses, or losses			
E	W-2 wages (adjust for wages from COGS, if necessary)			

QuickZoom to Form 8903, Domestic Production Activities Deduction . . . ►

SMART WORKSHEET FOR: Schedule C (Contract Attorney): Profit or Loss from Business

Activity Summary Smart Worksheet
Supporting information provided by program. NO ENTRIES ARE NEEDED.

		Regular Tax	Alternative Minimum Tax
A	Ownership	Taxpayer	
B	At risk status	All	
C	Passive status	Nonpassive	
	Schedule C		
D	Tentative profit (loss)	25,650.	25,650.
E	Other preferences and adjustments		
F	At risk disallowed loss		
G	Passive carryover loss		
H	Passive disallowed loss		
I	Net profit (loss) allowed	25,650.	25,650.
	Related Dispositions		
J	Tentative profit (loss)		
K	At risk disallowed loss		
L	Passive carryover loss		
M	Passive disallowed loss		
N	Net profit (loss) allowed		

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 . . . . . ►

A Taxpayer:

1 Taxpayer, nontaxable combat pay . . . . . _____

2 **Election for earned income credit (EIC):**
Elect taxpayer's nontaxable combat pay as earned income for EIC? . . . . ► ☐ **Yes** ☐ **No**

3 **Election for dependent care benefits (DCB):**
Elect taxpayer's nontaxable combat pay as earned income for DCB? . . . . ► ☐ **Yes** ☐ **No**

4 **Election for child and dependent care credit:**
Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? . . . . . ► ☐ **Yes** ☐ **No**

B Spouse:

1 Spouse, nontaxable combat pay . . . . . _____

2 **Election for earned income credit (EIC):**
Elect spouse's nontaxable combat pay as earned income for EIC? . . . . . ► ☐ **Yes** ☐ **No**

3 **Election for dependent care benefits (DCB):**
Elect spouse's nontaxable combat pay as earned income for DCB? . . . . . ► ☐ **Yes** ☐ **No**

4 **Election for child and dependent care credit:**
Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? . . . . . ► ☐ **Yes** ☐ **No**

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment _____ Amount due 7,788.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

A Taxable and tax exempt interest . . . . . _____

B Dividend income . . . . . _____

C Capital gain net **income** . . . . . _____

D Royalty and rental of personal property net **income** . . . . . _____

E Passive activity net **income**:

1 Rental real estate net income or loss . . . . . _____

2 Farm rental net income or loss . . . . . _____

3 Partnerships and S corporations net income or loss . . . . . _____

4 Estates and trusts net income or loss . . . . . _____

5 Total of lines 1 through 4 . . . . . _____

6 Total passive activity net **income**, line 5 if greater than zero . . . . . _____

F Interest and dividends from Forms 8814 . . . . . _____

G Adjustments . . . . . _____

H **Total investment income,** add lines A through G . . . . . 0.

Is line H, **total investment income** over $3,400?

☒ **No.** You may take the credit.

☐ **Yes. Stop.** You **cannot** take the credit.

Additional information from your 2016 Federal Tax Return

Student Loan Interest Deduction Wks

Information from Forms 1098-E

Continuation Statement

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
U.S. Department of Education	Taxpayer	[redacted]	2,818.	4,247.
U.S. Department of Education	Taxpayer	[redacted]	920.	1,905.
ACS Education	Taxpayer	[redacted]		2,288.
ACS Education	Taxpayer	[redacted]		971.
Total				9,411.

Form **1040X** (Rev. January 2017)

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

▶ Information about Form 1040X and its separate instructions is at *www.irs.gov/form1040x*.

OMB No. 1545-0074

This return is for calendar year ☒ 2016 ☐ 2015 ☐ 2014 ☐ 2013

Other year. Enter one: calendar year **or** fiscal year (month and year ended):

Your first name and initial	Last name	Your social security number
Kevin	Kiley	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Your phone number
[redacted]	[redacted]	[redacted]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

[redacted]

Foreign country name	Foreign province/state/county	Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from joint to separate returns after the due date.

☒ Single
☐ Married filing jointly
☐ Married filing separately
☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)
☐ Qualifying widow(er)

Full-year coverage. If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." (See instructions.)

☐ Yes ☒ No

Use Part III on the back to explain any changes

			A. Original amount or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
Income and Deductions					
1	Adjusted gross income. If net operating loss (NOL) carryback is included, check here ▶☐	1	41,754.	980.	42,734.
2	Itemized deductions or standard deduction	2	6,300.	0.	6,300.
3	Subtract line 2 from line 1	3	35,454.	980.	36,434.
4	Exemptions. **If changing, complete Part I on page 2 and enter the amount from line 29**	4	4,050.	0.	4,050.
5	Taxable income. Subtract line 4 from line 3	5	31,404.	980.	32,384.
Tax Liability					
6	Tax. Enter method(s) used to figure tax (see instructions): Table	6	4,250.	143.	4,393.
7	Credits. If general business credit carryback is included, check here ▶☐	7	0.	0.	0.
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	4,250.	143.	4,393.
9	Health care: individual responsibility (see instructions)	9	654.	21.	675.
10	Other taxes	10	5,583.	-1,959.	3,624.
11	Total tax. Add lines 8, 9, and 10	11	10,487.	-1,795.	8,692.
Payments					
12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (**If changing**, see instructions.)	12	1,059.	0.	1,059.
13	Estimated tax payments, including amount applied from prior year's return	13	0.	0.	0.
14	Earned income credit (EIC)	14	0.	0.	0.
15	Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15	0.	0.	0.
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			9,428.
17	Total payments. Add lines 12 through 15, column C, and line 16	17			10,487.
Refund or Amount You Owe					
18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18			0.
19	Subtract line 18 from line 17 (If less than zero, see instructions.)	19			10,487.
20	**Amount you owe.** If line 11, column C, is more than line 19, enter the difference	20			
21	If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return	21			1,795.
22	Amount of line 21 you want **refunded to you**	22			1,795.
23	Amount of line 21 you want **applied to your (enter year):** estimated tax	23			

Complete and sign this form on Page 2.

Part I Exemptions

Complete this part **only** if you are increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending.

See *Form 1040 or Form 1040A instructions* and *Form 1040X instructions.*

			A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. **Caution:** If someone can claim you as a dependent, you can't claim an exemption for yourself	24	1	0	1
25	Your dependent children who lived with you	25	0	0	0
26	Your dependent children who didn't live with you due to divorce or separation	26	0	0	0
27	Other dependents	27	0	0	0
28	Total number of exemptions. Add lines 24 through 27	28	1	0	1
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form.	29	4,050.	0.	4,050.

30 List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				☐
				☐
				☐
				☐

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

☐ Check here if you didn't previously want $3 to go to the fund, but now do.

☐ Check here if this is a joint return and your spouse did not previously want $3 to go to the fund, but now does.

Part III Explanation of changes.

In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

I realized I was improperly charged self-employment tax for loan repayment assistance

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

▶ Your signature | Date | ▶ Spouse's signature. If a joint return, **both** must sign. | Date

Paid Preparer Use Only

▶ Preparer's signature | Date | Self-Prepared Firm's name (or yours if self-employed)

Print/type preparer's name | Firm's address and ZIP code

PTIN | ☐ Check if self-employed | Phone number | EIN

Form **1040** Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return 2016

OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 | See separate instructions.

Your first name and initial	Last name	Your social security number
Kevin	Kiley	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. [redacted] | Apt. no. [redacted]

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [redacted]

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☒ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☐ **Spouse**

Boxes checked on 6a and 6b: 1

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

d Total number of exemptions claimed

Add numbers on lines above ▶ 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	7,534.
8a	**Taxable** interest. Attach Schedule B if required		8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	0.
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	25,650.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions	15a	b Taxable amount	15b
16a	Pensions and annuities	16a	b Taxable amount	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits	20a	b Taxable amount	20b
21	Other income. List type and amount Other Income from box 3 of 1099-Misc		21	13,862.
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	47,046.

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27	1,812.	
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33	2,500.	
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35		36	4,312.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	42,734.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA REV 05/22/16 Intuit.cg.cfp.sp

Tax and Credits

38	Amount from line 37 (adjusted gross income)		38	42,734.
39a	Check if: ☐ **You** were born before January 2, 1952, ☐ Blind. ☐ **Spouse** was born before January 2, 1952, ☐ Blind. **Total boxes checked ▶ 39a**			
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ **39b** ☐			
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		40	6,300.
41	Subtract line 40 from line 38		41	36,434.
42	**Exemptions.** If line 38 is $155,650 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions		42	4,050.
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	32,384.
44	**Tax** (see instructions). Check if any from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **c** ☐		44	4,393.
45	**Alternative minimum tax** (see instructions). Attach Form 6251		45	
46	Excess advance premium tax credit repayment. Attach Form 8962		46	
47	Add lines 44, 45, and 46 ▶		47	4,393.
48	Foreign tax credit. Attach Form 1116 if required	48		
49	Credit for child and dependent care expenses. Attach Form 2441	49		
50	Education credits from Form 8863, line 19	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Child tax credit. Attach Schedule 8812, if required	52		
53	Residential energy credits. Attach Form 5695	53		
54	Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐	54		
55	Add lines 48 through 54. These are your **total credits**		55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56	4,393.

Standard Deduction for—
- People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $6,300
Married filing jointly or Qualifying widow(er), $12,600
Head of household, $9,300

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	3,624.
58	Unreported social security and Medicare tax from Form: **a** ☐ 4137 **b** ☐ 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage ☐	61	675.
62	Taxes from: **a** ☐ Form 8959 **b** ☐ Form 8960 **c** ☐ Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your **total tax** ▶	63	8,692.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	1,059.	
65	2016 estimated tax payments and amount applied from 2015 return	65		
66a	**Earned income credit (EIC)** No	66a		
b	Nontaxable combat pay election 66b			
67	Additional child tax credit. Attach Schedule 8812	67		
68	American opportunity credit from Form 8863, line 8	68		
69	Net premium tax credit. Attach Form 8962	69		
70	Amount paid with request for extension to file	70		
71	Excess social security and tier 1 RRTA tax withheld	71		
72	Credit for federal tax on fuels. Attach Form 4136	72		
73	Credits from Form: **a** ☐ 2439 **b** ☐ Reserved **c** ☐ 8885 **d** ☐	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶		74	1,059.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	
76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	76a	
b	Routing number [redacted] ▶ **c** Type: ☐ Checking ☐ Savings		
d	Account number [redacted]		
77	Amount of line 75 you want **applied to your 2017 estimated tax** ▶ 77		

Direct deposit? See instructions.

Amount You Owe

78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	7,788.
79	Estimated tax penalty (see instructions) 79 155.		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		Assembly Member	[redacted]
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶ Self-Prepared			Firm's EIN ▶	
Firm's address ▶			Phone no.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at *www.irs.gov/schedulec.*
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2016
Attachment Sequence No. **09**

Name of proprietor: Kevin Kiley

Social security number (SSN): [redacted]

A Principal business or profession, including product or service (see instructions): Contract Attorney

B Enter code from instructions ▶ 5 4 1 1 0 0

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶ [redacted]
City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses . ☒ Yes ☐ No

H If you started or acquired this business during 2016, check here ▶ ☐

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐	1	25,650.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	25,650.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	25,650.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	25,650.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	25,650.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	25,650.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses.

List below business expenses not included on lines 8–26 or line 30.

48 **Total other expenses.** Enter here and on line 27a . . . 48

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at *www.irs.gov/schedulese.*

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016

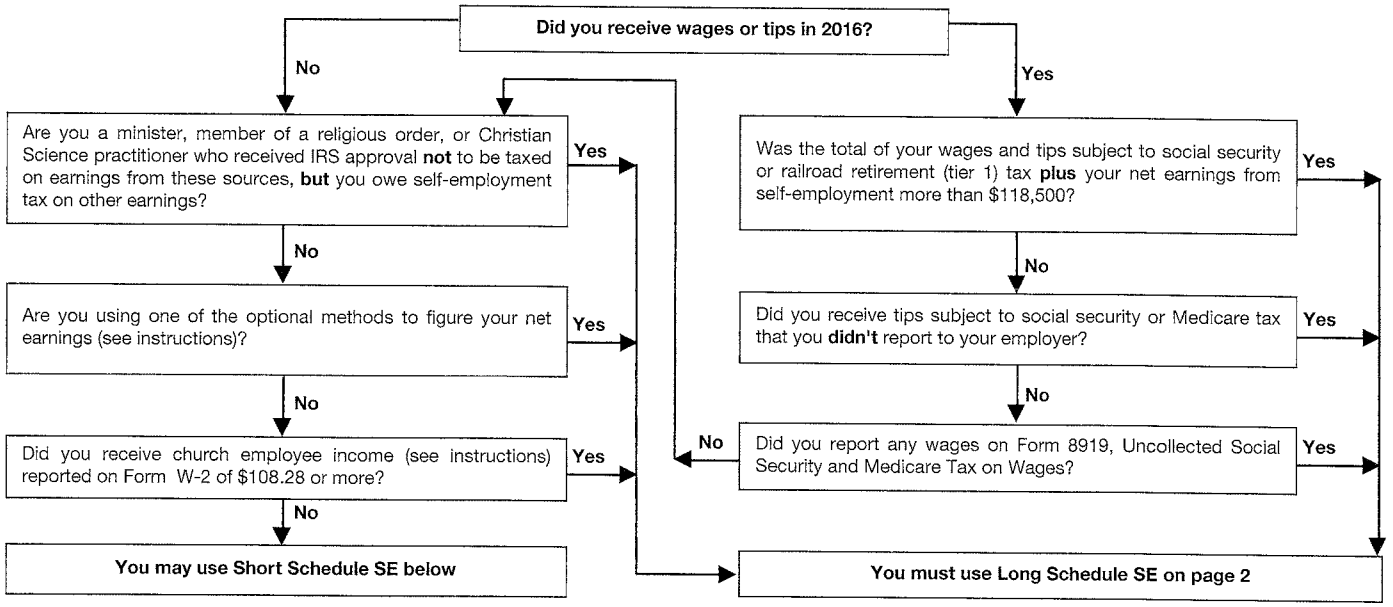
Attachment Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)	Social security number of person with **self-employment** income ▶
Kevin Kiley	[redacted]

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only if** you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	( )
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	25,650.
3	Combine lines 1a, 1b, and 2	3	25,650.
4	Multiply line 3 by 92.35% (0.9235). If less than $400, you don't owe self-employment tax; **don't** file this schedule unless you have an amount on line 1b ▶	4	23,688.
	Note. If line 4 is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	**Self-employment tax.** If the amount on line 4 is: • $118,500 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on **Form 1040, line 57,** or **Form 1040NR, line 55** • More than $118,500, multiply line 4 by 2.9% (0.029). Then, add $14,694 to the result. Enter the total here and on **Form 1040, line 57,** or **Form 1040NR, line 55**	5	3,624.
6	**Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (0.50). Enter the result here and on **Form 1040, line 27,** or **Form 1040NR, line 27** — 6 — 1,812.		